Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

Incident Information

URN: 019 - 18866 - 2131 - 058	Date: 11/26/19	Time: 1830	
Location: [redacted] Alabama Street [redacted]	City or Station: Los Angeles		
Bureau/Station/Facility: Central Patrol / Century Station	Admin. Investigation: ○ YES ◉ NO		
Type of Force: Cnt Hld(Cnt Tch, Tkdwn), Psnl Wpn (Hand), Rstraint Device(Handcuffs), Taser			
Incident Category: ○1 ◉2 ○3	Deputy Injury: ◉ YES ○ NO	Suspect Injury: ◉ YES ○ NO	
☒ Call ☐ Observation ☐ Detail	☐ Foot Pursuit ☐ Vehicle Pursuit		
IAB Notified: ◉YES ○ NO	Person Notified: A/Lt. Michael Maxwell	Emp: [redacted]	IAB Roll Out ○ YES ◉ NO

Involved Employee

E1

Employee #: [redacted]	Last Name: Gutierrez	First Name: David	Middle I.: J.	Rank: DSG	
Sex: ◉ M ○ F	Race: H	Height: 507	Weight: 170	Age: [redacted]	Shift: ○ EM ○ Day ◉ PM; ◉ Regular Shift ○ OT Shift ○ Off Duty
Unit of Assignment: Century Station	Work Assignment (Unit #, Module, etc.): 213E				
Individual Force Used: Cnt Hld(Cnt Tch,Tkdwn),Psnl Wpn (Hands)	○ Directed ○ Rescue ○ Medical Assist	Individual Category: ○1 ◉2 ○3			
☒ Injured ☒ Treated ☐ Admitted	Facility: Concentra, 2499 Wilmington Ave, Compton	Coroner Case #			

E2

Employee #: [redacted]	Last Name: Campos III	First Name: Gabriel	Middle I.: NMI	Rank: DSG	
Sex: ◉ M ○ F	Race: H	Height: 507	Weight: 230	Age: [redacted]	Shift: ○ EM ○ Day ◉ PM; ◉ Regular Shift ○ OT Shift ○ Off Duty
Unit of Assignment: Century Station	Work Assignment (Unit #, Module, etc.): 213E				
Individual Force Used: Cnt Hld(Cnt Tch),Psnl Wpn(Hands),Rstrnt Dvc(Handcuff)	○ Directed ○ Rescue ○ Medical Assist	Individual Category: ○1 ◉2 ○3			
☒ Injured ☐ Treated ☐ Admitted	Facility: Not treated	Coroner Case #			

E3

Employee #: [redacted]	Last Name: Rothrock	First Name: Ryan	Middle I.: W.	Rank: B-1	
Sex: ◉ M ○ F	Race: H	Height: 509	Weight: 180	Age: [redacted]	Shift: ○ EM ○ Day ◉ PM; ◉ Regular Shift ○ OT Shift ○ Off Duty
Unit of Assignment: Century Station	Work Assignment (Unit #, Module, etc.): 213D				
Individual Force Used: Cnt Hld(Cnt Tch),Psnl Wpn(Hands),Rst Dvs(Hndcuf),Taser	○ Directed ○ Rescue ○ Medical Assist	Individual Category: ○1 ◉2 ○3			
☐ Injured ☐ Treated ☐ Admitted	Facility:	Coroner Case #			

On Duty Supervisor ☒ Additional Involved Employees

Emp. #	Last Name	First Name	Middle I.	Rank	Present	Witness to Incident
[redacted]	Reyes	Sergio	R.	Sgt.	YES ○ NO ◉	YES ○ NO ◉

Supervisor Completing Investigation

Emp. #	Last Name	First Name	Middle I.	Rank	Present	Witness to Incident
[redacted]	Reyes	Sergio	R.	Sgt.	YES ○ NO ◉	YES ○ NO ◉

Watch Commander / Supervising Lieutenant

Emp.	Last Name	First Name	Middle I.	Rank
[redacted]	Allen	Brian	K.	Lt.

Brian K. Allen, Lieutenant [signature] 02/15/20

Watch Commander / Supervising Lieutenant's Signature: Date

Copy Provided to Employee by: Emp #:

Kerry A. Carter, Captain [signature] [redacted] 2/25/20

Unit Commander **(Print Name)** Unit Commander's **Signature**: Emp #: Date

DISCOVERY Use Only

FO#

☐ PPI REVIEW COMPLETED

Original: Discovery Unit
Copy: Unit Commander

CONTENTS NOTED

SH-R-[redacted] (01/13)

Supervisor's Report on Use of Force
INVOLVED EMPLOYEE - Continuation

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Involved Employee

E4

Employee #	Last Name	First Name	Middle I.	Rank
[redacted]	[redacted]	[redacted]	[redacted]	B-1

Sex	Race	Height	Weight	Age	Shift	
(●) M ( ) F	H	511	195	[redacted]	( ) EM ( ) Day (●) PM	(●) Regular Shift ( ) OT Shift ( ) Off Duty

Unit of Assignment	Work Assignment (Unit #, Module, etc.)
Century Station	213D

Individual Force Used		Individual Category
Control Holds (Control Techniques),Taser	( ) Directed ( ) Rescue ( ) Medical Assist	( ) 1 (●) 2 ( ) 3

[X] Injured [ ] Treated [ ] Admitted Facility: Not treated

Coroner Case #

E_

Employee #	Last Name	First Name	Middle I.	Rank

Sex	Race	Height	Weight	Age	Shift	
( ) M ( ) F					( ) EM ( ) Day ( ) PM	( ) Regular Shift ( ) OT Shift ( ) Off Duty

Unit of Assignment	Work Assignment (Unit #, Module, etc.)

Individual Force Used		Individual Category
	( ) Directed ( ) Rescue ( ) Medical Assist	( ) 1 ( ) 2 ( ) 3

[ ] Injured [ ] Treated [ ] Admitted Facility:

Coroner Case #

E_

Employee #	Last Name	First Name	Middle I.	Rank

Sex	Race	Height	Weight	Age	Shift	
( ) M ( ) F					( ) EM ( ) Day ( ) PM	( ) Regular Shift ( ) OT Shift ( ) Off Duty

Unit of Assignment	Work Assignment (Unit #, Module, etc.)

Individual Force Used		Individual Category
	( ) Directed ( ) Rescue ( ) Medical Assist	( ) 1 ( ) 2 ( ) 3

[ ] Injured [ ] Treated [ ] Admitted Facility:

Coroner Case #

E_

Employee #	Last Name	First Name	Middle I.	Rank

Sex	Race	Height	Weight	Age	Shift	
( ) M ( ) F					( ) EM ( ) Day ( ) PM	( ) Regular Shift ( ) OT Shift ( ) Off Duty

Unit of Assignment	Work Assignment (Unit #, Module, etc.)

Individual Force Used		Individual Category
	( ) Directed ( ) Rescue ( ) Medical Assist	( ) 1 ( ) 2 ( ) 3

[ ] Injured [ ] Treated [ ] Admitted Facility:

Coroner Case #

E_

Employee #	Last Name	First Name	Middle I.	Rank

Sex	Race	Height	Weight	Age	Shift	
( ) M ( ) F					( ) EM ( ) Day ( ) PM	( ) Regular Shift ( ) OT Shift ( ) Off Duty

Unit of Assignment	Work Assignment (Unit #, Module, etc.)

Individual Force Used		Individual Category
	( ) Directed ( ) Rescue ( ) Medical Assist	( ) 1 ( ) 2 ( ) 3

[ ] Injured [ ] Treated [ ] Admitted Facility:

Coroner Case #

Supervisor's Report on Use of Force
SUSPECT INFORMATION

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Suspect Information

S 1

Last Name: Lopez | First Name: Tomas | Middle Name: Venegas | Armed? Select: Not Armed

AKA Last Name: | First Name: | Middle Name:

Sex: ◉ Male ○ Female | Race: H | Age: 27 | Height: 505 | Weight: 155 | D.O.B: 08/12/92 | Phone #1: ○ H ○ W ○ C [redacted] | Phone #2: ○ H ○ W ○ C [redacted]

Street Address: [redacted] | City: [redacted] | State & Zip Code: [redacted]

Booking #: 5809051 | Primary Charge Code: 243(c)(1) PC | Secondary Charge Code: 69 PC | [redacted] Criminal History

Treated on Scene? ○ YES ◉ NO | Name: Refused treatment | Unit: Engine 41 | Phone #: 323-564-6241

Hospital Admission? ☐ | Rec'd Treatment At: MLK Hospital | Coroner Case #: | Mental History ☐ User's guide provides direction on this entry

By: Doctor Christopher Major | Address: 1680 E. 120th Street, Los Angeles 90059 | Phone #: 424-338-8000

Under Influence: ◉ YES ○ NO | Substance: CNS Stimulant | 5150 a factor in force? ○ YES ◉ NO User's guide provides direction on this entry

Suspect Interview

Date: 11/26/19 | Time: 2049 | ☐ Audiotape: | ☒ Videotape: | ☒ Photos of Injuries: | ☐ ADMITS HEARING ANNOUNCEMENTS

Suspect Information

S__

Last Name: | First Name: | Middle Name: | Armed? Select:

AKA Last Name: | First Name: | Middle Name:

Sex: ○ Male ○ Female | Race: | Age: | Height: | D.O.B. | Weight: | Phone #1: ○ H ○ W ○ C | Phone #2: ○ H ○ W ○ C

Street Address: | City: | State & Zip Code:

Booking #: | Primary Charge Code: | Secondary Charge Code: | ☐ Criminal History

Treated on Scene? ○ YES ○ NO | By: | Unit: | Phone #:

Hospital Admission? ☐ | Rec'd Treatment At: | Coroner Case #: | Mental History ☐ User's guide provides direction on this entry

By: | Address: | Phone #:

Under Influence: ○ YES ○ NO | Substance: | 5150 a factor in force? ○ YES ○ NO User's guide provides direction on this entry

Suspect Interview

Date: | Time: | ☐ Audiotape: | ☐ Videotape: | ☐ Photos of Injuries: | ☐ ADMITS HEARING ANNOUNCEMENTS

Suspect Information

S__

Last Name: | First Name: | Middle Name: | Armed? Select:

AKA Last Name: | First Name: | Middle Name:

Sex: ○ Male ○ Female | Race: | Age: | Height: | D.O.B. | Weight: | Phone #1: ○ H ○ W ○ C | Phone #2: ○ H ○ W ○ C

Street Address: | City: | State & Zip Code:

Booking #: | Primary Charge Code: | Secondary Charge Code: | ☐ Criminal History

Treated on Scene? ○ YES ○ NO | By: | Unit: | Phone #:

Hospital Admission? ☐ | Rec'd Treatment At: | Coroner Case #: | Mental History ☐ User's guide provides direction on this entry

By: | Address: | Phone #:

Under Influence: ○ YES ○ NO | Substance: | 5150 a factor in force? ○ YES ○ NO User's guide provides direction on this entry

Suspect Interview

Date: | Time: | ☐ Audiotape: | ☐ Videotape: | ☐ Photos of Injuries: | ☐ ADMITS HEARING ANNOUNCEMENTS

☐ **Additional Suspects Involved**

Supervisor's Report on Use of Force
EMPLOYEE / NON-EMPLOYEE INFORMATION

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Employee Witnesses

Emp. #	Last Name	First Name	Middle Name

Unit of Assignment:	Work Assignment (Unit #, Module, etc.):	Shift: ◯ EM ◯ Day ◯ PM	◯ Regular ◯ OT ◯ Off Duty

Emp. #	Last Name	First Name	Middle Name

Unit of Assignment:	Work Assignment (Unit #, Module, etc.):	Shift: ◯ EM ◯ Day ◯ PM	◯ Regular ◯ OT ◯ Off Duty

Emp. #	Last Name	First Name	Middle Name

Unit of Assignment:	Work Assignment (Unit #, Module, etc.):	Shift: ◯ EM ◯ Day ◯ PM	◯ Regular ◯ OT ◯ Off Duty

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.
[redacted]	[redacted]	[redacted]	60	[redacted]

Street Address	City	Zip Code	Phone #1	Phone #2
[redacted]	[redacted]	[redacted]	[redacted]	

Last Name	First Name	Middle Name	Age	D.O.B.
[redacted]	[redacted]	[redacted]	37	[redacted]

Street Address	City	Zip Code	Phone #1	Phone #2
[redacted]	[redacted]	[redacted]	[redacted]	

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

☐ **Additional Witness**

Method

(AW) Arwen
(BC) Baton: (Control)
(BI) Baton: (Impact)
(BF) Bodily Fluids
(CN) Canine
(CR) Carotid Restraint
(CH) Choke Hold
(CT) Control Holds: (Control Techniques)
(TT) Control Holds: (Team Takedown)
(TD) Control Holds: (Takedown)
(CE) Chemical
(OC) Chemical Agents (OC Spray)
(TG) Chemical Agents (Tear Gas)
(EX) Explosives
(FH) Firearm (Handgun)
(FR) Firearm (Rifle)
(FS) Firearm (Shotgun)
(FO) Firearm (Other)
(FB) Flashbang
(FL) Flashlight
(OE) Other Weapon: Edged
(OV) Other Weapon: Vehicle
(OB) Other Weapon: Blunt Object
(OO) Other Weapon: Other
(PK) Personal Weapon: Feet/Leg: (Kick)
(PS) Personal Weapon: Feet/Leg: (Sweep)
(PH) Personal Weapon (Hand/Arm)
(PP Personal Weapon (Push)
(PO) Personal Weapon (Other)
(RS) Resistance
(RO) Restraint Device (Other)
(RH) Restraint Device (Handcuffs)
(HB) Restraint Device: Hobble (Legs Only)
(TP) Restraint Device: Hobble (TARP)
(RE) Restraint Device: REACT Belt
(SP) Sap
(SH) Shield
(IR) Less Lethal Impact Round (other)
(SB) Sting Ball
(ST) Stun Bag
(TR) Taser
(UC) Uncooperative
(HR) High Risk

Type of Injury

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PW) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious
(RM) Refused Med Treatment
(NN) NONE

Body Part Involved

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hands
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(NO) Nose
(SH) Shoulder
(WR) Wrist

FORCE USED BY		FORCE USED AGAINST		Method (Code)	Type of Injury (Code)	Body Part (Code)
Name	E# or S#	Name	E# or S#			
Suspect Lopez	S#1	Deputy Campos	S#1	UC	NN	
Suspect Lopez	S#1	Deputy Gutierrez	E#1	HR		
Suspect Lopez	S#1	Deputy Gutierrez	E#1	RS	SD	HD
Suspect Lopez	S#1	Deputy Gutierrez	E#1	PH		
Suspect Lopez	S#1	Deputy Campos	E#2	RS	SD	HD
Suspect Lopez	S#1	Deputy Campos	E#2	HR		
Suspect Lopez	S#1	Deputy Campos	E#2	PH		
Suspect Lopez	S#1	Deputy Campos	E#2	PK		
Suspect Lopez	S#1	Deputy Rothrock	E#3	RS		
Suspect Lopez	S#1	Deputy Rothrock	E#3	HR		
Suspect Lopez	S#1	Deputy Rothrock	E#3	PH		
Suspect Lopez	S#1	Deputy [redacted]	E#4	HR		
Suspect Lopez	S#1	Deputy [redacted]	E#4	RS	SD	HD
Suspect Lopez	S#1	Deputy [redacted]	E#4	PH		
Deputy Gutierrez	E#1	Suspect Lopez	S#1	CT	AB	CH
Deputy Gutierrez	E#1	Suspect Lopez	S#1	TD	BR	SH
Deputy Gutierrez	E#1	Suspect Lopez	S#1	TD	BR	BK
Deputy Gutierrez	E#1	Suspect Lopez	S#1	PH	BR	FA
Deputy Gutierrez	E#1	Suspect Lopez	S#1	PH	LC	FA
Deputy Gutierrez	E#1	Suspect Lopez	S#1	PH	SD	FA
Deputy Gutierrez	E#1	Suspect Lopez	S#1	CR	BR	CH
Deputy Gutierrez	E#1	Suspect Lopez	S#1	CR	BR	NK
Deputy Campos	E#2	Suspect Lopez	S#1	CT	AB	CH
Deputy Campos	E#2	Suspect Lopez	S#1	PH	BR	FA
Deputy Campos	E#2	Suspect Lopez	S#1	PH	LC	FA
Deputy Campos	E#2	Suspect Lopez	S#1	PH	SD	FA
Deputy Campos	E#2	Suspect Lopez	S#1	RH		
Deputy Rothrock	E#3	Suspect Lopez	S#1	CT	AB	CH
Deputy Rothrock	E#3	Suspect Lopez	S#1	PH	BR	FA

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Deputy Rothrock	E#3	Suspect Lopez	S#1	PH	LC	FA
Deputy Rothrock	E#3	Suspect Lopez	S#1	PH	SD	FA
Deputy Rothrock	E#3	Suspect Lopez	S#1	PH	FR	NO
Deputy Rothrock	E#3	Suspect Lopez	S#1	TR	PW	CH
Deputy Rothrock	E#3	Suspect Lopez	S#1	RH		
Deputy [redacted]	E#4	Suspect Lopez	S#1	TR	PW	AD
Deputy [redacted]	E#4	Suspect Lopez	S#1	TR	PW	CH
Deputy [redacted]	E#4	Suspect Lopez	S#1	CT	AB	CH

Supervisor's Report on Use of Force

URN # 019-18866-2131-058

INCIDENT OVERVIEW

1. SCENE DESCRIPTION/LEGAL STANDING

☑ Call ☐ Observation ☐ Other:

Deputies responded to the location regarding a [redacted] dispute. The informant's [redacted] (the suspect) had entered the residence through a rear door, appeared to be under the influence of a controlled suspect, was possibly armed with a knife, and was refusing to leave.

2. THREAT, PERCEIVED THREAT, OR SITUATION LEADING TO THE USE OF FORCE (Check all that apply)

☐ Medical order
☐ Court order
☑ Passive resistance - refusal to comply
☑ Active resistance (verbal threats/physical resistance)
☑ Assaultive behavior toward law enforcement or custody personnel
☑ Assaultive behavior with threat of serious bodily injury/death toward law enforcement or custody personnel
☐ Assaultive behavior toward others
☐ Assaultive behavior with threat of serious bodily injury/death toward others
☑ High risk
☐ Other:

3. Describe the threat, perceived threat, or situation as reported by personnel:

The informant (Witness [redacted]) stated the suspect usually carried a box cutter. The suspect was seen by the deputies sitting inside the garage reaching into a backpack. They gave verbal commands to exit the garage, stop reaching into the backpack, and to show his hands. The suspect refused and continued reaching into the back pack. Deputy [redacted] removed his taser and advised the suspect he would be tased if he did not comply with their orders. The suspect removed his hands from the backpack but clenched his fists and tensed his body not allowing himself to be handcuffed. The suspect pulled his hands away and swung his fist at Deputy [redacted] face, then began swinging wildly at Deputies [redacted] and Gutierrez, striking Deputy Gutierrez on his head and punching Deputy Rothrock four to six times in the chest.

4. RESPONSE BY PERSONNEL TO SUSPECT'S ACTIONS (Check all that apply)

☐ Chemical Agent	☐ Impact Weapon (Baton/Sap)
☐ Pepperball	☐ Stunbag/Arwen/40MM
☑ Personal Weapon(s)	☑ Carotid Restraint
☑ CEW/Taser Darts	☑ CEW/Taser Drive Stun
☑ Control Techniques	☐ K-9
☑ Takedown/Team Takedown	☑ Other: Restraint Device (handcuffs)

5. Describe the type and amount of force applied and by whom:

Deputy Gutierrez: Control Holds (Control Technique), Take down, Personal Weapons (Hands)
Deputy Campos: Control Holds (Control Technique), Personal Weapons (hands), Restraint Device (handcuffs)
Deputy Rothrock: Control Holds (Control Technique), Personal Weapons (Hands), Taser, Restraint Device (handcuffs)
Deputy [redacted] Control Holds (Control Technique), Taser

6. Was force used on a suspect in mechanical restraints? (If yes, check appropriate type.)

☑ No	☐ Waist Chain
☐ Handcuffs	☐ TARP
☐ Hobble Restraint	☐ Wheelchair/Gurney

- [ ] Safety Chair
- [ ] Fixed Object
- [ ] Other:

VIDEOS, PHOTOS, & OTHER RELEVANT MATERIALS

VIDEO FOOTAGE

7. Was the incident captured on video?
   - [x] No
   - [ ] Yes. If so, by: [ ] Body Cam (Department) [ ] Body Cam (Personal) [ ] Social Media [ ] Surveillance [ ] Bystander [ ] Department Handheld [ ] Dash Cam [ ] Media [ ] Other:

8. Video obtained?
   - [ ] Yes (if yes, where stored?)
   - [ ] No (If no, explain)
   - [x] N/A

PHOTOGRAPHY

9. Was the incident captured via photographs?
   - [x] No
   - [ ] Yes. If so, by: [ ] Body Cam (Department) [ ] Body Cam (Personal) [ ] Social Media [ ] Surveillance [ ] Bystander [ ] Department Handheld [ ] Dash Cam [ ] Media [ ] Other:

10. Photos obtained?
    - [ ] Yes (If yes, where stored?)
    - [ ] No (If no, explain)
    - [x] N/A

11. Was the scene captured on video or photographs by investigating supervisor?
    - [x] Yes [x] Video [x] Photo
    - [ ] No (If no, explain)

OTHER RELEVANT MATERIAL

12. Were any other relevant materials/evidence identified?
    - [ ] Yes (If yes, describe)
    - [x] No

13. Was it collected?
    - [ ] Yes
    - [ ] No (If no, explain)
    - [x] N/A

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FORCE DE-ESCALATION, MITIGATION and PREVENTION EFFORTS

14. NON-FORCE/PRE-FORCE RESPONSE BY PERSONNEL TO SUSPECT ACTIONS

- [ ] Suspect detained at gunpoint
- [x] CEW/Taser warning advisement
- [ ] CEW/Taser "Arc"
- [x] Verbal persuasion
- [x] Verbal commands
- [ ] Supervisor requested
- [ ] Supervisor present
- [x] Back-up requested
- [ ] Other:
- [ ] Baton unholstered
- [ ] OC Spray unholstered

15. De-escalation Efforts (Describe):

All the present deputies at one time or another attempted to de-escalate the situation by using numerous verbal commands, requesting additional units, and giving a taser warning.

16. Was there a reassessment during the application of force to determine if the type and amount of force was having the desired effect on the suspect's actions?

- [x] Yes
- [ ] No
- [ ] N/A

17. Did personnel de-escalate force as resistance decreased?

- [x] Yes
- [ ] No
- [ ] N/A

REPORTED USE OF FORCE BY INVOLVED and WITNESS EMPLOYEE(S)

18. Were force reporting procedures adhered to?

- [x] Yes
- [ ] No (If no, explain)

19. Did all involved and witnessing employees complete a report, or memo?

- [x] Yes
- [ ] N/A
- [ ] No (If no, explain)

20. Was the video admonishment given prior to viewing any force incident video?

- [ ] Yes
- [x] N/A - video not reviewed
- [ ] No (If no, explain)

21. Did all involved employees and witness employees complete a written report prior to viewing any video?
- [ ] Yes
- [ ] No (If no, explain)
- [x] N/A

22. Were there any inconsistencies, conflicts, or issues in documentation (including video) requiring clarification?
- [x] No
- [ ] Yes (If yes, explain)

23. Did the employee reports adequately and accurately articulate the force used and the reason(s) for using force?
- [x] Yes
- [ ] No (If no, explain)

NOTIFICATION PROCEDURES

24. Were required notifications made to IAB (e.g. met criteria, timely, etc.)?
- [x] Yes
- [ ] N/A
- [ ] No (If no, explain)

25. Was the IAB Mandatory Notification Form submitted?
- [x] Yes
- [ ] N/A
- [ ] No (If no, explain)

WITNESS INTERVIEW(S)

26. Did the investigating supervisor respond to the scene?
- [x] Yes
- [ ] No (If no, explain)

27. Did the supervisor canvass for witnesses?
- [x] Yes
- [ ] N/A
- [ ] No (If no, explain)

28. Statements obtained:

Witness [redacted]

Witness [redacted] speaks only Spanish. Her statements were translated from Spanish to English by me. She told me her [redacted] had broken into her house by breaking a lock off of a door while she was in her garage. He then locked her out of the house. Her [redacted] eventually came into the garage. She called Witness [redacted] and asked him to call the police.

Two deputies came and were talking to her [redacted] but she did not understand the conversation as it was in English; however, the conversation was back and forth between the deputies and her [redacted] At a certain point, they began to fight. Her [redacted] was fighting back against the deputies and would not let them take control of him. She saw a taser was activated two or three times. A deputy struck her [redacted] approximately seven times, but she could not see where. She also said the original contact was with two deputies, but eventually there were four.

Additionally, she stated her [redacted] was tearing the house apart and removing the electrical outlet covers. She said he is not welcome in her house because he destroys things. The suspect did not listen to the commands given by the deputies and they began to roll around punching each other. Her [redacted] was fighting with the deputies and was actively resisting and would not allow them to handcuff him.

Witness [redacted]:

Witness [redacted] said he called the Sheriff's Department because the suspect locked himself inside the house. He could see his mother and grandmother were nervous. He was eventually able to see the suspect removing electrical outlet covers inside the house. He said the suspect does not live at the home and is not supposed to be there. They have kicked the suspect out of the house, but he keeps coming back.

The deputies came and spoke to him. Deputies told him to stay were he was, but he walked over when he heard his mother yelling. He saw the deputies were battling with the suspect. I asked him what he meant by "battling" and if he heard the deputies giving commands to the suspect. He said he heard the deputies telling the suspect to put his hands behind his back. He believed the suspect was resisting them.

I asked if he heard the suspect saying anything back to the deputies. He said he heard the suspect swearing and added he was resisting. He said he did not see anything else and the interview was concluded.

POST FORCE SUSPECT INTERVIEW(S)

29. Were personnel involved in the use of force present during the suspect interview?

☑ No
☐ Yes (If yes, explain)

30. Was there a complaint regarding the force used?

☑ No
☐ Yes
W/C Notified:
SCR #

31. Was the suspect interviewed by the supervising sergeant?

☐ No
☒ Yes (If yes, write statement below)

The suspect stated he did not come in contact with any deputy and nothing took place.

MEDICAL REVIEW

32. Did the investigating supervisor examine the suspect(s) for injuries?

- [x] Yes
- [ ] N/A
- [ ] No (If no, explain)

33. Did the suspect(s) complain of pain?

- [ ] Yes
- [ ] N/A
- [x] No

34. Was the suspect(s) injured as a result of the use of force?

- [ ] No
- [x] Yes (If yes, describe)

Suspect received numerous contusions on his face, bridge of his nose, shoulder, back, and three puncture wounds to his upper torso.

35. Did the suspect(s) allege any additional injuries?

- [x] No
- [ ] Yes (Describe the injury and indicate whether or not documentation/medical evaluation supports the description of the injury.)

36. Were the suspect(s) injuries, or alleged injuries, photographed?

- [x] Yes
- [ ] N/A
- [ ] No (If no, explain)

37. Did the suspect(s) receive a medical evaluation following the incident?

- [x] Yes
- [ ] No (If no, explain)

38. Was medical treatment rendered following the evaluation?

- [ ] Yes
- [ ] N/A
- [x] No (If no, explain)

Fire department personnel (Engine 41) attempted to examine the suspect immediately following the incident; however, he was uncooperative and refused treatment.

39. If the suspect(s) was transported to a medical facility or required further medical evaluation/treatment, was a diagnosis received?

- [x] Yes
- [ ] N/A

☐ No (If no, explain)

Suspect was taken to the Martin Luther King Jr. Community Hospital emergency room. Doctor Christopher Major examined and evaluated the suspect; however, the suspect remained uncooperative and refused to be treated. Doctor Major provided a discharge diagnosis of blunt trauma of the neck, head trauma, multiple trauma, and a nasal fracture. He cleared the suspect for booking.

40. Was the suspect admitted to the hospital?
   - ☐ Yes
   - ☑ No
   - ☐ Non-force related admission

41. Were all of the suspect's injuries or alleged injuries documented by medical personnel during the medical evaluation?
   - ☐ Yes
   - ☐ N/A
   - ☑ No (If no, explain)

Suspect was uncooperative with medical staff, and the only documentation done was part of a visual primary examination. The suspect refused testing to determine the extent of the injuries.

42. After consulting with medical personnel, did the injuries (including discomfort from chemical agents) sustained by the suspect(s) appear to be consistent with the reported force?
   - ☑ Yes
   - ☐ N/A
   - ☐ No (If no, explain)

43. Did the suspect(s) have any known or self-identified pre-existing injuries or conditions?
   - ☐ No
   - ☑ Unknown
   - ☐ Yes (If yes, describe and indicate if documentation exist)

44. Were the injuries to involved employees consistent with the reported force?
   - ☑ Yes
   - ☐ N/A
   - ☐ No (If no, explain)

45. If any injuries to the suspect(s) were not believed to be caused by the force, did the force investigation identify the possible or probable cause (accidental/self-inflicted)?
   - ☐ No - unable to determine cause
   - ☑ N/A
   - ☐ Yes (If yes, explain and indicate if documentation exists)

46. Was there an application of the TARP?

- [x] No
- [ ] Yes (If yes, answer 46a and 46b)

46a. Start and end times of the TARP application:

46b. Deputy personnel assigned to remain in close audible and visual observation of the TARP'd suspect and to continuously monitor respiratory status and level of consciousness (Name/Emp. #):

47. Were there any head strikes or head injuries to the suspect(s) during the application of force?

- [ ] No
- [ ] Unintentional
  - [ ] Impact weapons
  - [ ] Personal weapons
  - [ ] Contact with hard objects
- [x] Intentional
  - [ ] Impact weapons
  - [x] Personal weapons
  - [ ] Contact with hard objects

TRAINING / TACTICS / EQUIPMENT REVIEW

TRAINING REVIEW

47. List any training and/or tactical concerns, implications, or recommendations.

- [x] Investigating Supervisor
- [ ] Training Supervisor

The application of the taser was in close proximity to the suspect causing the darts to have a minimal spread. The minimal spread of the darts did not affect enough body mass to achieve neuromuscular incapacitation (NMI) and a three point contact procedure should have been applied.

EQUIPMENT ISSUES IDENTIFIED

(Taser, Safety Chair, Hobble, Special Weapons, etc.)

48. If weapons or other equipment were used, were they used properly and did they function as designed?

- [ ] Yes
- [ ] N/A
- [x] No (If no, explain)

During the incident there were several applications of the taser that did not achieve total Neuromuscular Incapacitation (TMI). It is unknown if the suspect was under the influence of a controlled substance that contributed to the failure of the taser application.

49. Was the equipment approved by the Department?

- [x] Yes
- [ ] N/A
- [ ] No (If no, explain)

50. Were personnel trained and qualified to use the equipment?

- [x] Yes

☐ N/A
☐ No (If no, explain)

51. List any equipment recommendations and actions taken.

AFTER ACTION INFORMATION

52. Was an incident debriefing conducted?

☑ Yes (Indicate what was discussed, recommendations made, and/or actions taken if any)
☐ No (If no, explain)

During the incident there were several applications of the taser that did not achieve TMI. Proper placement of the darts or three points of contact application was discussed.

53. Corrective action recommended?

☑ No
☐ Yes (If yes, explain)

54. Description of materials/evidence to be considered when determining if incident was objectively reasonable and within policy:

The criminal report, supplemental reports and witness statements were considered when determining if the force was objectively reasonable and within policy.

55. <u>OTHER TOPICS / DISCUSSION ITEMS</u>

CASE STATUS

56. Was a case submitted to the District Attorney for filing consideration?

☑ Yes
☐ No (If no, explain)

CASE DISPOSITION

☐ N/A
☐ DA Reject (Reason):
☑ Case Filed:

Case # TA150720 Date Filed: 12/02/2019

Charge(s): Four counts of 69 PC were filed against the suspect.

Case Outcome: Or The suspect accepted a plea for one count of 69 PC. He was placed on four years of probation and served 106 days in jail.

Next Court Date: